



# NATIONAL ACADEMY of OSTEOPATHY®

375 Canarctic Drive  
Suite 21 & 22 (Second Fl)  
Toronto, ON M3J 2P9  
Canada

## PROGRAM APPLICATION Diploma in Osteopathic Manual Practice

Admissions: +1-416-635-6550  
Toll Free: +1-855-582-8977

Email: [admissions@nationalacademyofosteopathy.com](mailto:admissions@nationalacademyofosteopathy.com)  
Website: [www.nationalacademyofosteopathy.com](http://www.nationalacademyofosteopathy.com)

### PROGRAM CHOICE

#### No Health Background

School Year: 20\_\_

Campus Based Manual Osteopathy	<input type="checkbox"/> 12 months full time	<input type="checkbox"/> 24 months part time	March <input type="checkbox"/> September <input type="checkbox"/>
Online Manual Osteopathy	<input type="checkbox"/> 12 months full time	<input type="checkbox"/> 24 months part time	March <input type="checkbox"/> September <input type="checkbox"/>

#### Health Background (Accelerated)

Campus Based Manual Osteopathy	<input type="checkbox"/> 6 months full time	<input type="checkbox"/> 12 months part time	March <input type="checkbox"/> September <input type="checkbox"/>
Online Manual Osteopathy	<input type="checkbox"/> 6 months full time	<input type="checkbox"/> 12 months part time	March <input type="checkbox"/> September <input type="checkbox"/>

### STUDENT INFORMATION

Have you previously applied to NAO? Yes  No

<input type="checkbox"/> Mr.	Last Name	First Name	Middle Name
<input type="checkbox"/> Ms.			
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Dr.			

### PERMANENT ADDRESS

It is the responsibility of the applicant to provide accurate information.

Apt. No	Street No.	Street Name		City		
State/Prov.	PC/ZIP	Country		Email		
Area Code	Telephone (Home)	Area Code	Telephone (Work)	Ext.	Area Code	Fax

### MAILING ADDRESS

Same as Permanent address?  Please fill up below if different from permanent address.

Apt. No	Street No.	Street Name		City		
State/Prov.	PC/ZIP	Country				

### PERSONAL INFORMATION

Sex:  Male  Female  Prefer not to disclose

Date of Birth: \_\_\_\_\_  
DD MM YYYY

SIN  
(if Canadian resident): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Telephone Relationship

## EDUCATIONAL BACKGROUND

List all secondary and post-secondary institutions attended, in chronological order, beginning with the most recently attended. Please ensure that for each institution listed, an official transcript is forwarded directly to the University.

Name/s of Institution/s	Date/s Attended		Area of Study	Types of Certification Received (Certificates, Diploma, Degree)
	From	To		

Will you be a secondary school graduate by the first day school?  Yes  No

## EMPLOYMENT HISTORY

Name of Company	Period of Employment		Position	Contact Person	Telephone
	From	To			

You may provide additional information which you feel might be relevant to the admissions process. This could include your resume, record of community service and leadership, personal achievements, academic distinctions, and/or a brief letter outlining your reasons for choosing this program.

## APPLICATION CHECKLIST

Please note that your application cannot be processed without the application fee and all accompanying documents. When submitting your application please ensure that:

- |  |   |
|--|---|
| <input type="checkbox"/> the entire application form is completed, signed and dated. | <input type="checkbox"/> two (2) passport-sized photographs are included.                   |
| <input type="checkbox"/> all transcripts are attached.                               | <input type="checkbox"/> you included the non-refundable application fee of <b>\$235.00</b> |
| <input type="checkbox"/> a copy of a government issued photo ID is included.         | made payable to National Academy of Osteopathy (NAO).                                       |

## PRIVACY STATEMENT

Information collected on this form and from supporting documentation is required for the purpose of admitting applicants to the osteopathic manual practice program. Once an applicant has been admitted to the National Academy of Osteopathy as a registered student, the information collected will be used in the conduct of the academy's normal operations. No information collected herein shall be provided to any third party for any commercial purpose whatsoever without the prior consent of the applicant/student.

## DECLARATION

I hereby apply for admission to National Academy of Osteopathy (NAO). I understand the application fee covers the cost of processing the application and is not refundable. I hereby affirm and declare that all statements contained in this application for admission are true, correct, and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed affect my application unfavourably. I understand that false statements, misrepresentations, and/or omissions on this application may be considered sufficient cause for rejection of this application, or, if successfully admitted, suspension or expulsion from National Academy of Osteopathy (NAO) upon discovery of any such false statement.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_